**Consent for Authority to Represent**

This form is to enable a third person to speak, act or request data on your behalf.

I/We, named resident/s below, give my/our formal consent to allow the below named representative to act on my/our behalf when handling matters for me/us with SW9 Community Housing for the following purpose:

[x]  To action any of the data protection rights on behalf of the named resident/s in relation to my/our Subject Access Request.

**Resident Details:**

We need this information to identify you and enable the consent you have provided.

|  |  |
| --- | --- |
| **Resident Name:****Resident Name:** |  |
| **Property Address:** |  |
| **Contact Number/s:****Email Address/es:** |  |

**Named Representative Details:**

To effectively identify this individual we require a name, contact number and email address. Should correspondence be going to your representative instead of yourself and if requested by post, we would need their personal home address or company address.

|  |  |
| --- | --- |
| Name: |  |
| Contact Number: |  |
| Email Address: |  |
| Home/Company Address: |  |

I am/we are aware that this consent will be held on file for the purposes of SAR ref ­­­­\_\_\_\_\_\_\_\_\_\_ , after which new consent will need to be provided.

I am aware that I/we may withdraw my/our consent at any time by emailing DPO@sw9.org.uk or by writing to The DPO at SW9 Community Housing:

|  |
| --- |
| 6 Stockwell Park WalkLondonNW9 4AB |

Signed (Resident): Date:

­­­­­­Signed (Resident): Date: